

Names: \_\_\_\_\_

Score \_\_\_\_\_

Date: \_\_\_\_\_

Class: \_\_\_\_\_

## Appendix A – BLS Review

### BLS Review

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### Elements of Basic Life Support

#### AED Use

- Consider use when medical \_\_\_\_\_ is suspected.
- Should not be used on children younger than \_\_\_\_\_ year of age
- \_\_\_\_\_ pads and \_\_\_\_\_ needed for \_\_\_\_\_ younger than \_\_\_\_\_ years or less than \_\_\_\_\_ pounds

#### Initial Assessment

- Determine \_\_\_\_\_.
- An \_\_\_\_\_ and \_\_\_\_\_ patient \_\_\_\_\_ need \_\_\_\_\_.
- You may also \_\_\_\_\_ spine injury.
- \_\_\_\_\_ the spine.

#### Age Guidelines

- Anyone younger than \_\_\_\_\_ year is considered an \_\_\_\_\_.
- A \_\_\_\_\_ is between ages \_\_\_\_\_ and \_\_\_\_\_ years.
- Children \_\_\_\_\_ than \_\_\_\_\_ years may be treated as \_\_\_\_\_.

#### When BLS Should Not Be Started

- BLS \_\_\_\_\_ be started if the following situations exist:
  - \_\_\_\_\_ or stiffening of the body
  - \_\_\_\_\_
  - Putrefaction or \_\_\_\_\_ of the body
  - Evidence of a \_\_\_\_\_ injury
  - Existing \_\_\_\_\_ or \_\_\_\_\_ order

## When Should CPR Be Stopped?

- **S** — Patient Starts \_\_\_\_\_ and has a \_\_\_\_\_
- **T** — Patient is \_\_\_\_\_ to another person
- **O** — You are Out of \_\_\_\_\_
- **P** — A \_\_\_\_\_ asks you to stop

## Positioning the Patient

- \_\_\_\_\_ beside the patient.
- First EMT-B: Place your hands behind the patient's \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_.
- Second EMT-B: Place your hands on the \_\_\_\_\_ shoulder and \_\_\_\_\_ and turn the patient toward you.
- First EMT-B: \_\_\_\_\_ the head and neck and place the patient in a \_\_\_\_\_ position.

## Opening the Airway (1 of 2)

- \_\_\_\_\_ lift maneuver

## Opening the Airway (2 of 2)

- \_\_\_\_\_ - \_\_\_\_\_ maneuver

## Opening the Child or Infant Airway

## Recognizing an Obstruction

## Removing a Foreign Body (1 of 2)

- If the patient is \_\_\_\_\_ or \_\_\_\_\_:
  - \_\_\_\_\_ behind the patient.
  - Make a \_\_\_\_\_ with one hand.
  - Press your \_\_\_\_\_ into the patient's abdomen.
  - Repeat \_\_\_\_\_ in sets of \_\_\_\_\_.

If the patient is \_\_\_\_\_:

—Place the patient in a \_\_\_\_\_ position.

—Finger \_\_\_\_\_ and attempt to \_\_\_\_\_.

—\_\_\_\_\_ the patient's hips or legs.

—Place the \_\_\_\_\_ of one \_\_\_\_\_ against the \_\_\_\_\_.

—Press into the patient's \_\_\_\_\_ with quick \_\_\_\_\_ and upward \_\_\_\_\_.

### Chest Thrusts

• \_\_\_\_\_ behind the patient.

• Wrap your arms around the patient's \_\_\_\_\_.

• Make a \_\_\_\_\_ with one hand; \_\_\_\_\_ the fist with the other \_\_\_\_\_.

• Press your fist into the patient's chest with \_\_\_\_\_ thrusts until the object is \_\_\_\_\_ or patient becomes \_\_\_\_\_.

### Manual Removal

#### Partial Airway Obstruction

• Breathing is \_\_\_\_\_.

• Patient may be \_\_\_\_\_.

• \_\_\_\_\_ patient to \_\_\_\_\_.

• Give \_\_\_\_\_ oxygen using a \_\_\_\_\_ mask.

• Provide \_\_\_\_\_ transport.

•

### Removing Foreign Bodies in Children

#### Removing Foreign Bodies in Infants

• Place \_\_\_\_\_ hand on infant's \_\_\_\_\_ and \_\_\_\_\_.

• Deliver \_\_\_\_\_ quick back blows.

• Turn infant \_\_\_\_\_.

• Give five \_\_\_\_\_ thrusts on the \_\_\_\_\_.

• If infant is \_\_\_\_\_, perform \_\_\_\_\_ - \_\_\_\_\_ lift.

## Assessing for Breathing

- \_\_\_\_\_ airway.
- \_\_\_\_\_.
- \_\_\_\_\_.
- \_\_\_\_\_.

## Ventilations

- Use a \_\_\_\_\_.
- \_\_\_\_\_ the airway.
- \_\_\_\_\_ patient's \_\_\_\_\_ together.
- Take a \_\_\_\_\_ breath.
- Give Two (2) \_\_\_\_\_ rescue breaths.
- Rate of \_\_\_\_\_ - \_\_\_\_\_ breaths/min for adults

## Stoma Ventilations

### Gastric Distention

- Gastric distention is most likely to occur if:
  - You blow too \_\_\_\_\_ as you ventilate.
  - You give breaths too \_\_\_\_\_.
  - The patient's airway is \_\_\_\_\_.

### Pediatric Needs

- If the child is \_\_\_\_\_, let the child maintain his or her position.
- Ventilate infants using \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ -and- \_\_\_\_\_ ventilations.
- Ventilate once every \_\_\_\_\_ seconds or \_\_\_\_\_ times per minute.
- If air does not enter freely, \_\_\_\_\_ the \_\_\_\_\_ for \_\_\_\_\_.

### Recovery Position

#### Assess Circulation

- Assess after delivering \_\_\_\_\_.
- Feel for \_\_\_\_\_ pulse in the \_\_\_\_\_ artery.

## **Chest Compressions**

- You can provide artificial circulation by applying rhythmic pressure and relaxation to the lower half of the sternum.
- External chest compressions only provide 25% to 33% of the blood normally pumped.
- Chest compressions must be accompanied by artificial ventilation.

## **Hand Position**

### **Performing Chest Compressions**

#### **One-rescuer Adult CPR**

- Perform initial assessment.
- Determine whether the patient is breathing.
- Determine whether the patient has a pulse.
- Place your hands on the chest.
- Give 15 compressions, followed by two ventilations.

#### **Two-rescuer Adult CPR**

- First EMT-B is positioned at patient's head.
- Second EMT-B is positioned at patient's side.
- First EMT-B delivers two rescue breaths.
- Second EMT-B begins chest compressions at a ratio of 15 compressions to two breaths.
- After 1 minute, the first EMT-B reassesses breathing and pulse.

#### **Switching Positions**

- Switch during pulse checks.
- First EMT-B moves into position to deliver compressions after giving two breaths.
- Second EMT-B delivers 15th compression then moves to patient's head.
- Second EMT-B checks pulse.

#### **Pediatric Needs**

- Opening the airway is your top priority.
- Assess circulation using the brachial artery in infants.

## **Pediatric Hand Positions**

### **Pediatric Compressions**

- Deliver at a rate of 100 per minute.
- Compress the infant's chest 1/2" to 1".
- Compress the child's chest 1" to 1 1/2".
- Give one breath every five compressions.

### **Interrupting CPR**

- CPR is an important holding action.
- Transport immediately if ALS is not available at the scene.
- Try not to interrupt CPR for more than a few seconds.
- Do not move the patient until transport arrangements are made.

### **Cognitive Objectives (1 of 4)**

### **Cognitive Objectives (2 of 4)**

### **Cognitive Objectives (3 of 4)**

### **Cognitive Objectives (4 of 4)**

### **Affective Objectives**

### **Psychomotor Objectives (1 of 2)**

### **Psychomotor Objectives (2 of 2)**

### **BLS Review**

### **Elements of Basic Life Support**

### **AED Use**

### **Initial Assessment**

### **Age Guidelines**

### **When BLS Should Not Be Started**

### **When Should CPR Be Stopped?**

### **Positioning the Patient**

### **Opening the Airway (1 of 2)**

### **Opening the Airway (2 of 2)**

- Jaw-thrust maneuver

### **Opening the Child or Infant Airway**

### **Recognizing an Obstruction**

### **Removing a Foreign Body (1 of 2)**

### **Removing a Foreign Body (2 of 2)**

## **Chest Thrusts**

- Stand behind the patient.
- Wrap your arms around the patient's chest.
- Make a fist with one hand; grasp the fist with the other hand.
- Press your fist into the patient's chest with backward thrusts until the object is expelled or patient becomes unconscious.

## **Manual Removal**

### **Partial Airway Obstruction**

- Breathing is noisy.
- Patient may be coughing.
- Encourage patient to cough.
- Give 100% oxygen using a nonrebreathing mask.
- Provide prompt transport.

### **Removing Foreign Bodies in Children**

### **Removing Foreign Bodies in Infants**

- Place one hand on infant's back and neck.
- Deliver five quick back blows.
- Turn infant face up.
- Give five quick chest thrusts on the sternum.
- If infant is unconscious, perform tongue-jaw lift.

### **Assessing for Breathing**

- Open airway.
- Look.
- Listen.
- Feel.

### **Ventilations**

- Use a barrier device.
- Open the airway.
- Pinch patient's nostrils together.
- Take a deep breath.
- Give slow rescue breaths.
- Rate of 10-12 breaths/min for adults

### **Stoma Ventilations**

### **Gastric Distention**

- Gastric distention is most likely to occur if:

- You blow too hard as you ventilate.

- You give breaths too rapidly.

- The patient's airway is obstructed.

### **Pediatric Needs**

- If the child is breathing, let the child maintain his or her position.

- Ventilate infants using mouth-to-nose-and-mouth ventilations.

- Ventilate once every 3 seconds or 20 times per minute.

- If air does not enter freely, check the airway for obstruction.

### **Recovery Position**

#### **Assess Circulation**

- Assess after delivering rescue breaths.

- Feel for palpable pulse in the carotid artery.

#### **Chest Compressions**

- You can provide artificial circulation by applying rhythmic pressure and relaxation to the lower half of the sternum.

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